

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

NEIGHBORS FOR COLEMAN

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

CHRIS COLEMAN

Political Party (if applicable)

NIA

Office Sought

DSM CITY COUNCIL

District (if Senate or House)

at large

**FORM
DR-2**

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Mar E Barkley

SIGNATURE OF PERSON FILING REPORT

277-8568

TELEPHONE

Jan 20, 2008

DATE SIGNED

I AM FILING A Jan 19th

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

14,569.38

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5595.53

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ✓ \$

20,164.91

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

14,575.90

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

5589.01

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

NEIGHBORS FOR COLEMAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11-2-07	ID# CK#	LORI ILES 14002 WILLow DR CLIVE, IA 50325		\$100	<input type="checkbox"/>
11-2-07	ID# CK#	JOAN GHRIST 3550 LINCOLN PLACE DR DSM, IA 50312		100-	<input type="checkbox"/>
11-2-07	ID# CK#	MARGARET SWANSON 2808 E 16th ST APT 18 DSM, IA 50316		50-	<input type="checkbox"/>
11-2-07	ID# CK#	DOUG SIEDENBERG 640 SOUTH FORK DR WAUKEE, IA 50263		100-	<input type="checkbox"/>
11-2-07	ID# CK#	DAN VARNUM 3502 SW COURT AVE AMICENY, IA 50023		50	<input type="checkbox"/>
11-2-07	ID# CK#	Tim Meline 3619 SW 26 DSM, IA 50321		50	<input type="checkbox"/>
11-2-07	ID# CK#	Wm C Kimball 6725 Augustine CT JOHNSTON, IA 50131		100-	<input type="checkbox"/>
11-2-07	ID# CK#	MICHAEL TREINEN 906 CALIFORNIA DR DSM, IA 50312		50-	<input type="checkbox"/>
11-2-07	ID# CK#	Kent Henning 6727 EAGLE RIDGE JOHNSTON, IA 50131		100-	<input type="checkbox"/>
11-2-07	ID# CK#	RIC JURGENS 3008 JORDAN GCV WL DSM IA 50265		250-	<input type="checkbox"/>
SUB-TOTAL				\$950	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

NEIGHBOR FOR COLEMAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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11-2-07	ID# CK#	CLAYTON SULLIVAN 4200 AMICK AVE DES MOINES, IA		\$250	<input type="checkbox"/>
11-2-07	ID# CK#	TRISH SULLIVAN 4200 AMICK AVE DSM, IOWA		250	<input type="checkbox"/>
11-2-07	ID# CK#	RICH EYCHNER PO BOX 1797 DSM, IA 50305		100-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
11-3-07	ID# CK#	BRUNN SUSAN FENTON 1245 42nd DSM, IA 50311		50-	<input type="checkbox"/>
11-3-07	ID# 6207 CK# 1005	HOME BUILDERS ASSC. OF DSM 6751 CORP DR JOHNSTON, IA 50131		200-	<input type="checkbox"/>
11-3-07	ID# 6112 CK# 1528	PAGE PO BOX 855 DSM, IA 50304		100-	<input type="checkbox"/>
1-3-07	ID# CK#	BILL KRAUSE 6400 WESTOWNE PARKWAY W DSM, IA 50266		250-	<input type="checkbox"/>
1-3-07	ID# CK#	JAMES COWNIE 141 37th DSM, IA 50312		250-	<input type="checkbox"/>
1-3-07	ID# CK#	Patti Cownie 141 37th DSM, IA 50312		250-	<input type="checkbox"/>

SUB-TOTAL

\$1700

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

NEIGHBORS FOR COLEMAN

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11-2-07	ID# CK#	BERNARD BARKER III 1105 GLEN OAKS DR W DSM, IA 50266		\$ 250	<input type="checkbox"/>
11-2-07	ID# CK#	PAUL ROTTENBERG 9050 NW 62ND AVE JOHNSTON, IA 50131		100-	<input type="checkbox"/>
11-2-07	ID# CK#	THOMAS MC BRIDE III 718 PARK BLVD DSM IA 50312		25-	<input type="checkbox"/>
11-2-07	ID# CK#	KAREN ANDERSON 4916 CEDAR DR W DSM IA 50266		50-	<input type="checkbox"/>
11-2-07	ID# CK#	FRED HUBBELL 2306 TERRACE RD DSM. IA 50312		150-	<input type="checkbox"/>
11-2-07	ID# CK#	TED OHMAET 1026 31st W DSM IA 50266		50-	<input type="checkbox"/>
11-2-07	ID# CK#	Jim Nahas 4803 VALLEYVIEW LN W DSM. IA 50265		50-	<input type="checkbox"/>
11-2-07	ID# CK#	MICHAEL COPPOLA 4521 FLUER DR SUITE C DSM IA 50321		250-	<input type="checkbox"/>
11-2-07	ID# CK#	JOHN NORWOOD 1611 GREEN BRANCH CIRCLE WDSM IA 50265		25	<input type="checkbox"/>
11-2-07	ID# CK#	CRAIG WINTERS 512 TUTTLE ST DSM IOWA 50309		100-	<input type="checkbox"/>
SUB-TOTAL				\$ 1650	-
TOTAL (if last page of this schedule)				\$	

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Page 3 of (for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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11-7-07	ID# CK#	CHRYSTIE OVERMAN		\$	<input type="checkbox"/>
11-7-07	ID# CK#	DENNY ELWELL PO Box 187 Mktny, IA 5021		250-	<input type="checkbox"/>
11-7-07	ID# CK#	CANDY ELWELL PO Box 187 Mktny, IA 5021		50-	<input type="checkbox"/>
11-13-07	ID# CK#	Patty Link 4129 FOREST AVE DSM, IA 50311		100	<input type="checkbox"/>
1-13-07	ID# CK#	ABE WOLF 3101 Ingersoll Ave DSM, IA 50312		250	<input type="checkbox"/>
11-13-07	ID# CK#	Ronald Daniels 3101 Ingersoll Ave DSM, IA 50312		250-	<input type="checkbox"/>
13-13-07	ID# CK#	SHELDON RABINOWITZ 1 SW 51st DSM, IA 50312		25-	<input type="checkbox"/>
11-13-07	ID# CK#	Gara Heiden 12911 Timberline Dr Urbandale, IA		100	<input type="checkbox"/>
11-13-07	ID# CK#	Patricia Piazza 1760 Stanford Ave St. Paul MN 55105	sister	100-	<input type="checkbox"/>
4-13-07	ID# CK#	Rick Gubbels 2812 Virginia Ave DSM Iowa 50321		100-	<input type="checkbox"/>
SUB-TOTAL				\$1225	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11-17-07	ID# CK#	James Simmons 1405 S 42nd W DSM IA 50265		\$ 100	<input type="checkbox"/>
11-17-07	ID# CK#	PHILIP SUMNER WORTH PO BOX 1000 WAUKEE, IA 50263		50-	<input type="checkbox"/>
11-17-07	ID# CK#	MONROE COLSTON 4902 CEDAR DR W DSM, IA 50266		25-	<input type="checkbox"/>
11-17-7	ID# CK#	ANDRIS KIRSIS 2901 BEAVER AVE DSM IA 50310		50-	<input type="checkbox"/>
12-3	ID# CK#	DOUG GROSS / EILEEN GROSS 4117 ASHBY DSM IA 50310		50-	<input type="checkbox"/>
12-3	ID# CK#	ELAINE GAUL 3600 48th DSM IA 50310		40-	<input type="checkbox"/>
12-3	ID# CK#	JOE MCGREAL 22575 CAMP FIRE RD MONTICELLO, IA 52310		30-	<input type="checkbox"/>
12-3	ID# CK#	WILLIAM LILLIS 3000 PATRICK DRIVE DSM IA 50322		150-	<input type="checkbox"/>
12-3	ID# CK#	KATHLEEN LILLIS 3000 PATRICK DR DSM IA 50322		150	<input type="checkbox"/>
	ID# CK#	CHECKING INTEREST 8/07 to 12/07		25.53	<input type="checkbox"/>

SUB-TOTAL

\$670.53

TOTAL (if last page of this schedule)

\$5595.53

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Page 5 of (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

NEIGHBORS FOR COLEMAN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# 2016 ✓ CK#	VOID y		\$ —
	ID# 2017 CK#	SAM'S CLUB DSM, IA	SUPPLIES KIDS FOR COLEMAN	14.22
	ID# 2018 CK#	VOID y		—
	ID# 2019 CK#	Teri Siembieda 7618 HICKORY URBANDALE, IA	FOOD KIDS FOR COLEMAN	175.14
	ID# 2020 CK#	Holt off the Press DSM, IA	Printing	2000.00
	ID# 2021 CK#	Dahl's BEAVER DSM, IA	Postage	82.00
	ID# 2022 CK#	Holt off the Press DSM, IA	Printing	6083.51
	ID# CK# 2023	Barb Hildebrandt DSM, IA	Supplies	123.13
SUB-TOTAL				\$ 8609.03
TOTAL (if last page of this schedule)				\$ —

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Rese Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CHRIS COLEMAN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK# 2024	Dahls Beaver DSM, IA	Postage Stamp mailings /thank you's	\$ 123.00
	ID# CK# 2025	Carter Printing DSM, IA	mailing	350596
11/5	ID# CK# 2026	Office Depot DSM, IA	Printer Ink	77.88
11/12	ID# CK# 2027	WadeKreig DSM, IA	Election Night	200.00
	ID# CK# 2028	Barb Hildebrandt DSM, IA	Kids for Coleman	330-
11/14	ID# CK# 2029	Capital Fruit DSM, IA	Kids for Coleman	66-
11/19	ID# CK# 2030	B & B Des Moines, IA	Election Night	955-
11/27	ID# CK# 2031	Marcie Coleman DSM, IA	Supplies for Kids for Coleman	89.26
SUB-TOTAL				\$ 5347.10
TOTAL (if last page of this schedule)				\$ -

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK# 232	F/stander rnn 1A	1.1	\$ 360-
	ID# CK# 2033	KWKY-Radio DSM, IA	radio Ad	200-
	ID# CK#	CHECK PRINTING FE CORNERSTONE	CHECK PRINTING FEES	14.40
	ID# CK#	BANKING FEES BANKERS TRUST	BANK FEES JAN- AUG, 2007	45.37
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 619.77

TOTAL (if last page of this schedule) \$ 14575 90

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page _____ of _____

(for Schedule B)